



Excerpts from

Japan Society for Dying with Dignity Newsletter
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Looking Ahead to the 200th Issue

“Death with Dignity” as Spoken by Distinguished Figures

Since shortly after the Association’s founding in 1976, our newsletter has been published four times a year. With the next issue, it will reach its 50th year and 200th issue.

To mark this milestone, in this issue and the following one we will present selected excerpts from interviews on “death with dignity” given by distinguished figures—pieces that have often been requested for a reread.

Kunio Yanagida,
Nonfiction Writer

(Excerpt from Newsletter No. 184, January 2022)
How Do We Live Again After a “Farewell Without Goodbye”?



— This spring, Mr. Yanagida, you are publishing a book themed around the “unusual partings” brought about by the COVID-19 pandemic, titled *A Farewell Without Goodbye*. What prompted you to write this book?

Yanagida: The immediate trigger was the death of comedian Ken Shimura at the end of March 2020. His elder brother carried the urn home, surrounded by media, and with few words said, “He was suddenly hospitalized with COVID and we could not be with him at the end.” He added, “Neither when he was placed in the coffin at the morgue nor at the crematorium could we be present.” Hearing that shocked me. At the final moment of life, not being able to exchange words of farewell with one’s beloved family... symbolically speaking, being unable to say goodbye. And suddenly, such partings appeared in everyday life. I thought: this is a grave problem.

“Partings Without Even Being There at the End”

— So you felt immediately that deaths from COVID were unlike ordinary deaths.

Yanagida: Yes. With cancer, for instance, death approaches gradually. Both the patient and family can prepare for “that time.” But death by COVID is utterly different. One is immediately isolated in a special ward—no visits, no bedside presence. No one can witness the passing. No words of parting can be spoken, no final messages exchanged. That was the situation, especially in the early stage of the pandemic.

— One couldn’t even hold hands or caress a cheek.

Yanagida: Exactly. The same happened overseas. In Italy, hospitals collapsed, and the first “reunion” with the deceased came when families were handed urns from lockers. I recall seeing on television a woman clinging and weeping before such a locker. In short, COVID stripped away “face-to-face” and “touch,” the very foundations of human communication. This was something extraordinary.

— You have long said, “Human beings live through stories,” and that “the final chapter should be written by oneself.” In other words, you have stressed the importance of living out one’s last stage with intention. But COVID abruptly cut off those stories.

Yanagida: Yes. To be unable to “write one’s final chapter” is to have one’s dignity as a human being violated.

— Speaking of stories cut off, the 1985 Japan Airlines crash was also like that. In an instant, 520 lives were lost.

Yanagida: Yes. Kuniko Miyajima lost her 9-year-old son, Ken-chan, in that crash. He had dreamed of seeing the Koshien baseball tournament, and she let him travel alone to make that dream come true. As a mother, she later regretted not accompanying him. Though she had seen him off at Haneda Airport, the sudden, unspoken separation left her overwhelmed by loss.

Years later, she realized that Ken-chan was not “missing” but within her. She could hear

him say, “I’m here. I’m not going anywhere.” This realization was crucial in moving from “loss” toward healing. To discover the spiritual life within—that is the essence of healing, and a turning point in finding a way forward out of chaos.

— **In other words, resilience—living again.**

Yanagida: Yes. The strength to regenerate oneself is something absorbed from one’s upbringing, especially from how one’s parents lived and adapted in difficult times. In my case, it was my mother. When I was ten, my father died, and half a year earlier my older brother had died too, during the peak of tuberculosis after the war. My mother was only forty, with many children; I was the youngest. Yet she neither panicked nor sank into despair. In our Tochigi dialect, she would say, *nantoka narubesa* (“things will somehow work out”) or *shikata nakanbesa* (“it can’t be helped”). These phrases meant: destiny has aspects one cannot fight, and struggling only adds more burden. It is not resignation but acceptance, facing reality as it is, and confronting the future for herself and her family. That is resilience itself.

When my second son died by suicide at age 25, the shock was immense, and I still carry it with me. Yet my mother’s way of living became a model within me. It allowed me to accept my son’s death within the context of his life and continue to live on.

“If It Must Be So, Then So Be It”

— **You also write about the word *sayōnara* (“goodbye”) as deeply meaningful.**

Yanagida: Its literal meaning is “if it is so.” But it also carries, “if it must be so, then so be it.” In life there are times when one must part with what has been and enter a new phase—death being one such case. Instead of only crying, “Come back!” or “Give me back his life!” one must accept the severing imposed by forces beyond human control. To take it as a turning point: from here on, I must build my life anew. That connects to what I said earlier about writing one’s own final chapter.

— **So *sayōnara* is a word of transition.**

Yanagida: Exactly. It is the “conjunction” that marks a break and allows a new chapter to begin. That is why a “farewell without goodbye” is so painful. Yet at the same time, such partings pose the new question: how are we to live on, how are we to go forward?

Kunio Yanagida (b. 1936, Tochigi Prefecture)



Nonfiction writer. After graduating from the University of Tokyo, Faculty of Economics, he joined NHK in 1960, reporting on the All Nippon Airways Haneda crash, the BOAC mid-air disintegration, and other incidents. His reportage *The Terror of Mach Speed* (1971) won the Soichi Oya Nonfiction Award. He left NHK in 1974 and became active as an aviation critic. In 1995, he published *Sacrifice—My Son's 11 Days of Brain Death*, based on the suicide of his second son; that year he received the Kikuchi Kan Prize for his contribution to the nonfiction genre. Since then, he has continued to write on accidents, disasters, life and death, and end-of-life care, exploring the “crises of life” in contemporary society. His works include *Blank Weather Chart*, *Morning in the Cancer Corridor*, *Dawn of Brain Treatment Revolution*, among many others.

From the telephone and email medical consultations

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Difficult Consultations Concerning Dialysis

This is a page where we introduce specific consultation cases and answers given over the phone or by email. A nurse will answer the questions, but sometimes, we will ask for the help of an advisor doctor.

When a patient develops chronic kidney disease, it is increasingly common for the attending physician to recommend the start of dialysis. The number of dialysis patients in Japan continues to rise annually, and the average age of newly initiated patients has now surpassed 70. In this context, some patients and families face difficult decisions—not only whether to start dialysis, but also, once started, when they may wish to stop.

【Questions About Starting Dialysis in Older Adults】

Q: My 84-year-old husband has stage 4 heart failure and declining kidney function. His doctor has told us that the time to consider dialysis is approaching. After watching an informational DVD, my husband is somewhat positive about starting dialysis, but I doubt he could tolerate the long sessions three times a week. I am elderly as well, and I am unsure how long I will be able to assist him.

A: Decisions about starting or not starting dialysis should reflect the patient's values and life perspective. Dialysis is not only a life-prolonging treatment but also a way to make the most of the remaining time. The opinions of the supporting family are also important. Once started, stopping dialysis is difficult. It is recommended to prepare a joint decision document with the physician, stating, for example, "I am fine now, but if I reach such a condition, I wish to stop dialysis."

【I Want to Stop Dialysis That Only Burdens Me!】

Q: I am a 80-year-old man who started hemodialysis a year ago shares. I was not very enthusiastic from the beginning, but my doctor suggested trying it for six months. Now a year has passed. After dialysis, I feel weak and cannot go out; I have no enjoyment at all. When I asked to stop, I was told that my lungs would fill with fluid and I would suffer to breathe. The staff do not take my suffering seriously. At this rate, I cannot hope for a dignified death.

A: Decisions to stop dialysis are weighty and cannot be made lightly. It is not that dialysis can never be stopped; patients and families may review the treatment and consider alternatives. In recent years, medical advances have allowed efficient removal of waste products with less physical burden and peritoneal dialysis at home. To spend the final stage of life more meaningfully, discuss options with your physician, including possible treatment adjustments.

【Stopping Dialysis and Transitioning to Palliative Care】

Q: I am a 57-year-old man with polycystic kidney disease has been on hemodialysis for 11 years. I am currently stable, but when I lose the ability to live independently, I plan to stop dialysis. I understand that stopping dialysis may lead to death within a few days to two weeks, accompanied by severe shortness of breath or consciousness disturbances. Would it be possible to be admitted to a palliative care ward or hospice where medical opioids and other measures can alleviate suffering?

A: Under current Japanese health insurance regulations, patients with diseases other than cancer, AIDS, or end-stage heart failure are generally not eligible for palliative care wards or hospice admission. Some hospitals provide near-palliative care services without formal hospice admission, or coordinate with community medical teams for home-based care. Patients should communicate their wishes to their physicians and gather information in advance. It is hoped that health insurance coverage for palliative care can soon be expanded to include all diseases, including kidney failure, that require such care.

What Is Conservative Kidney Management?

For very elderly patients, those with severe dementia, or patients with multiple comorbidities for whom dialysis is difficult, conservative kidney management is an option. This approach focuses on maintaining kidney function as much as possible while providing palliative care, without dialysis. Based on the patient's living will, the patient, family, and healthcare professionals should discuss together where and how they wish to spend the final stage of life (Advance Care Planning, ACP) and make the best possible, mutually agreed-upon decision.

(Medical Counselor: Chihoko Hirabayashi)

Like-minded people from all over the country

LW Square

Returning to *Takasebune*

Michiko Shimazaki, 76, Tokyo

In last year's July issue (No. 194), I shared about my sister, who suddenly suffered a cerebral hemorrhage the previous autumn. Although she was unconscious and hospitalized, and despite the devoted care of the doctors, she passed away in June last year. My niece called me, crying, and said, "Michiko, I'm sorry. Mother had always said she didn't want life-prolonging treatment, so we siblings decided not to pursue it." I replied, "It's alright. I always talked about that with my sister over lunch."

My sister, in her white coffin, wore a beautiful dress and was surrounded by colorful flowers. She looked peaceful and happy as she rested.

Next November, the World Federation of Right-to-Die Societies will hold its conference in Tokyo. While I have not yet found my own answers regarding euthanasia, recently I had the opportunity to carefully reread *Takasebune* by Ogai Mori (published in 1916), a book I had previously read lightly. Over 110 years ago, Mori, who was also a physician, deeply reflected on euthanasia and raised the issue through this novel. I was struck once again by the depth and brilliance of the work, and felt I had finally grasped a little of its greatness. I wanted to share this with everyone.



Requests for One's Final Moments

Masako Takeda, 87, Tokyo

When I turned sixty, I felt I had entered the second round of life. I had been told that traditional age celebrations are counted by *kazoe-doshi* (counted age), making sixty-one the “second first year.” Life until sixty is for growth; from sixty-one onward, I considered life as preparing for death.

Some people say, “Don’t talk about death—it’s unlucky,” but isn’t all life moving inevitably toward death? Perhaps those who shy away from thinking about it are not afraid of death itself, but uncertain and anxious about how it will come. The process leading to death is unknown.

Everyone wants to die while healthy, and we all know each year that we are getting closer to death. That is why older adults take care of their health and avoid injury. But how exactly will death come? No one can tell us. For that reason, I have written down my requests for my final moments, directed to those who may be present when I pass. For example: please refrain from life-prolonging treatment if recovery is impossible, and please recognize brain death as death. I ask that the personality and human rights of a person near death be respected.

As Mr. Kuramoto suggested in Newsletter No. 198, if hospices and palliative care were more widely available, even those who had not considered their own death might come to appreciate how important it is. I only hope that the final moments of life can be spent in peace and happiness.

Dignified Death Requires “Support”

Yayoi Aoki, 86, Ehime Prefecture

The articles in the newsletter, covering many aspects of life, provide knowledge and guidance. Thank you. After experiencing a vertebral fracture, I switched to home medical care and have felt reassured by the kind support I received. My physician also understands my wish to refuse life-prolonging treatment.

However, after reading Mr. Kuramoto’s article in the previous issue (No. 198), I realized I cannot remain complacent. Without significant “support” or “backing” for a dignified death, physicians and family members may hesitate or struggle to make decisions. This is problematic.

Like Koji in Mr. Kuramoto’s article, I too strongly request relief from pain and suffering. If the healthcare system cannot respond appropriately to such requests, declarations of a dignified death are meaningless. I do not wish to merely continue breathing. I agree with Mr. Kuramoto that when consciousness is gone, life should be allowed to end.

Translation: Open AI. (2025). Chat GPT(September 29 version). <https://chat.openai.com>